

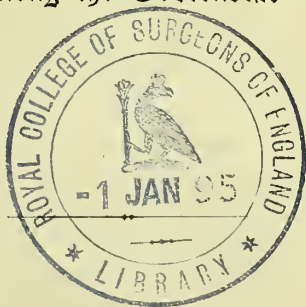
# REPORT 6

OF THE

## MEDICAL RELIEF COMMITTEE OF THE RADCLIFFE INFIRMARY,

PRESENTED TO THE QUARTERLY COURT  
JANUARY 28, 1874 ;

Ordered by the Court to be printed, and circulated  
among the Governors.



OXFORD:

To be obtained from the Secretary of the Infirmary.

1874.

## RADCLIFFE INFIRMARY, OXFORD.

QUARTERLY COURT, APRIL 23, 1873.

*Resolved*,—That a Committee be appointed to consider the relation of the Infirmary to the present means of Medical Relief, and the needs thereof in the Oxford District, and to report thereon.

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*The following are the Committee:—*

The RECTOR OF EXETER COLLEGE, *Chairman*.

Dr. ACLAND, *Honorary Secretary*.

Mrs. COMBE.

Rev. J. DODD.

R. F. FREEBORN, F.R.C.P. Edin.

Rev. E. F. GLANVILLE.

HUGH HAMERSLEY, Esq.

Rev. J. R. KING.

G. H. MORRELL, Esq.

Rev. J. RIGAUD.

MISS SMITH.

The Rev. J. SLATTER, *Treasurer of the Infirmary*.

Lieut.-Col. Hon. W. E. SACKVILLE WEST.

REPORT  
TO  
HIS GRACE THE PRESIDENT  
AND TO THE  
GOVERNORS OF THE RADCLIFFE INFIRMARY.

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THE Committee appointed by a General Quarterly Court on April 23, 1873, "to consider the relation of the Infirmary to the present means of Medical Relief, and the needs thereof, in the Oxford District, and to report thereon," desire to lay before your Grace and the Governors of the Radcliffe Infirmary the following Report.

With a view to answer the more completely the questions referred to them, the Committee have considered those circumstances connected with Medical Relief, which may be assumed to be very general throughout this country.

In every district there are several classes of persons who, requiring medical advice, are unable to pay for it; or who, if they pay for it, or even if they obtain it gratuitously, cannot pay for medicine and medical appliances :—

- 1st. The "indigent poor."
- 2nd. Those who, not being indigent when in work, are ill cared for or ill fed when out of work.
- 3rd. Those who, occupying a somewhat higher position, as Governesses, Assistants in shops, and the like, have but small incomes.
- 4th. Small Tradesmen.

The following means of Relief in sickness are generally available :—

1. The Medical Relief under the Poor Law.
  - a.* Out-of-door.
  - b.* In-door.
2. The Dispensary system.
  - a.* Out-Patients, with attendance at the Dispensary Officer's house.
  - b.* Attendance at their own homes.
3. The Hospital system.
  - a.* In-Patients (cases deemed curable).
  - b.* Out-Patients.
4. Special Hospitals.
  - a.* Hospitals for Incurable cases.
  - b.* Lock Hospitals.
  - c.* Infirmarys for Eye diseases.
  - d.* The Lunatic Asylums.
  - e.* Habitual Drunkards' Retreats.
  - f.* Convalescents' Hospitals or Homes.

In considering how far the Oxford District is possessed of these several advantages, the Committee have not been careful to define what is the Oxford District, any further than to premise, that the District of the Oxford Local Board is situate in two counties, contains one whole Union, and is partly situated in two others.

The country district to which the benefits of the Radcliffe Infirmary extend consists of that part of Oxfordshire which is not within ten or twelve miles of Reading, together with parts of Berkshire and Buckinghamshire.

Patients are frequently brought to the Radcliffe Infirmary from a distance of thirty miles, and in some cases from a much greater distance, there being, by the Founder's Will, no limit as to the place from whence Patients may be received.

The Committee find within this district the following provisions, stated in the order of the table given above :—

1. The ordinary Medical Relief under the Poor Law.

In the Workhouses are the usual Sick Wards. These vary considerably in respect of accommodation, having generally been much improved of late years. Medical out-of-door relief is largely granted.

2. In Oxford proper is a Dispensary, not connected with the Hospital, supported by voluntary subscriptions, with, until recently, one, and now two, Medical Officers, who see patients in their own Surgeries, and who attend them at their homes. The number of patients so attended in 1872 is stated to have been 1,609; 172 lying-in cases were attended at their homes by the Medical Officer.

There is a small endowed Dispensary in the parish of St. Clement's, for the use of that neighbourhood.

There is also a Lying-In Charity, for gratuitous attendance at the women's homes. The numbers attended last year were 184.

There are many Sick Clubs, with Medical Officers attached.

3. There is in Oxford but one Hospital, your Infirmary, with 166 beds, about £56,000 Stock invested, about £2,600 a-year in subscriptions, and a total income of about £5,200. Some 1,300 In-patients, 3,400 Out-patients, 1,800 casualties, besides 2,455 applicants advised to obtain Turns, were cared for in 1873.

Incurable cases are, by rule, excluded. There is accommodation for 8 children in the centre of the house, and without a special garden; no convalescent rooms; no lock-wards, primary venereal cases being excluded; and very imperfect means of classification of special cases.

There is a separation block, of old construction, with 9 beds, used for all cases indiscriminately, when not required for fever; and a new block for 16 fever cases, in two wards, capable of holding 24 ordinary cases.

No persons are admitted, according to the Rules, who are not "poor, and objects of charity," so that none can enter on payment of the whole or part of their cost, except in special cases, and in some cases of fever.

At Banbury, Aylesbury, and Reading, are ordinary Hospitals; at Moreton-in-the-Marsh and at Buckingham are Village Hospitals; and one at Watlington is in course of being established.

The advantages of Cottage Hospitals are being discussed in many localities—a fact of importance to you.

4. As to Special Hospitals in the district—

*a.* A Hospital is in the course of erection for Incurable cases; funds exist for preparing, perhaps, 6 or 8 beds.

*b.* There is no Hospital for Venereal Cases. A Penitentiary exceptionally receives women with specific disease.

*c.* Eye cases are admitted to the Infirmary. There is no special Eye-department.

*d.* There is a small endowed Hospital (the Warneford) for the Insane, with accommodation for 60 patients; but this can hardly provide for even the acute cases of the district. There is no other private asylum nearer than Fairford, Northampton, Cheltenham, or Gloucester.

A large County Asylum exists, into which few except Pauper cases are admitted, even in urgency, or for temporary relief.

*e.* There is no Retreat for Drunkards.

*f.* An Institution for Convalescents, with 9 beds, has been built lately near Headington; the number of persons admitted in 1873 being 96.

Such being the means of Medical Relief at present existing in the Oxford District, the Committee have drawn up the following General Questions, in order to test systematically the second point referred to them, “the needs of the Oxford District.”

*a.* Are the several requirements, in respect of medical relief, provided in the Oxford District?

*b.* Does the aid reach the right persons?

*c.* Is the aid administered without waste in management?

- d.* Do persons who do not need the aid obtain it ?
- e.* Does the working population—
  - 1. Avail itself of sick clubs ?
  - 2. Insure against sickness in any form ?
  - 3. Help to maintain the Hospitals ?
- f.* Do the Medical Charities act in concert one with the other, taking care, for instance, that those who need In-treatment get it, if they desire it, and that none occupy beds who would be as well treated at home ?
- g.* Does the Local Sanitary Authority maintain any public Hospital, or partly help to maintain subscriptional Hospitals ?
  - If so, on what terms ?
  - Are the terms remunerative to the Subscriptional Institutions ?
  - Is there any systematic way of collecting subscriptions for the Subscriptional Hospitals ; if so, under what conditions ?
- h.* What is the general practice with regard to receiving In-Patients at the Workhouse Hospitals ? are they strictly “pauper cases,” or are any admitted who are not strictly such ?
- i.* Are there in the District provisions for obtaining Nurses for the Poor ?
- k.* Does the Hospital train Nurses—
  - 1. For the Poor ?
  - 2. For the Paying Classes ?
- l.* Does the Hospital receive cases on payment for In-treatment ?
- m.* Is there any public provision other than the Poor Law for aiding the sick poor with food during illness ?
  - If so, are steps taken, as at Elberfeld, to prevent waste of private charity ?

The Committee desire to present their Report in



the shape of answers to such of the above questions as they deem to require your immediate attention.

*a.* Are the several requirements, in respect of medical relief, provided in the Oxford District?

The mere enumeration of the means available for Medical Relief would obviously fall far short of a complete answer to the question at the head of this section of the Report. Granted, that these means are efficient and suitably administered, there remains the grave question how far the means here provided are sufficient for the just wants of the district. In attempting to answer this part of the question, the Committee have not gone beyond an enquiry into the sufficiency of the accommodation provided by the Radcliffe Infirmary.

They assume that the Medical Relief administered under the Poor Law is adequate to the demand.

They dismiss likewise the question whether the existing Dispensary provides sufficiently for the want it is designed to meet. They see no reason for advising the Governors to institute a separate Dispensary system of their own, as is the case with some Hospitals. But they have thought it necessary to consider how far it would be advantageous that some means of common action should be sought by both Institutions.

They dismiss also the consideration of Hospitals and Asylums for special objects with the single remark, that if they are truly desirable as apart from the general object of the Infirmary,—as some of those enumerated plainly are, for instance, provision



for Incurable Cases,—then much remains to be done before the district can be said to be fully provided.

On considering next your Infirmary, the Committee were confronted at once with the following statements,—that at certain seasons of the year there is so great a pressure for beds, both in the male and female wards, that many serious cases of sickness are unable to find admission immediately on application ; that at other times of the year the same difficulty is often experienced in finding female beds ; that the Ward taken for the use of Children (formerly available for females, but unsatisfactory from its position for use as a Sick Ward in any case) provides for 8 children only ; that the uppermost story of the House, which is used for Wards contrary to the original design of the building, is now converted into 4 Attic Wards, which are not capable of any great improvement. It appears to those who are most conversant with the admission of patients, that the difficulty of finding beds increases year by year. It matters not whether this arises from a growing appreciation of the benefits afforded by the Infirmary, or from the increase of population, or from both causes ; the existence of the fact is enough to shew that the accommodation provided falls short of the requirements of the population, at least as the Charity is at present administered.

Your Committee having carefully considered how far the deficiency of accommodation thus shewn to exist, could be supplied, and distrusting their own judgment, have requested the eminent Designer of the Herbert Hospital, Captain Douglas Galton, F.R.S., to report on the condition of your Premises, and on

their fitness for future development, as well as present needs.

They acknowledge with much gratitude Captain Galton's kindness in examining every portion of the building and grounds. He has presented to the Committee the following Report :—

*12, Chester-street, Grosvenor Place,  
London, S.W.  
September 26, 1873.*

In accordance with the request contained in your letter that I should give the Medical Relief Committee of the Radcliffe Infirmary my opinion as to the way in which further accommodation might be provided in that building, if required, I beg to forward you the following observations.

In considering the question of extension, it is necessary to review the accommodation afforded by the existing buildings. In these remarks I shall limit myself to the accommodation for In-Patients, as the arrangements for the accommodation for Out-Patients are undoubtedly very complete, and I assume that it is sufficiently extensive.

The main building of the Hospital faces east and west, and consists of four floors, of which the lowest, on the ground level, contains the kitchen, an Out-Patients' soup-room, various store-rooms, the dispensing shop, and a room stated on the plans to be for the temporary reception of casualties. This room appears to be used as a Ward for five patients, for which purpose it is not well suited.

Projecting from the main building on the south-west side is the Accident Ward, built according to approved modern principles, adapted to contain twenty beds.

The Out-Patients' department, already mentioned, projects from the main building on the south-east.

The main entrance to the Hospital is by a flight of steps, leading to a hall on the first floor of the main building.

On this floor there is a Ward at each end, each with windows on three sides. Each Ward is allotted to contain seventeen patients. The other rooms on this floor are used for the Board-room, Clerk's-room, Surgeon, Matron, &c.

On the second floor there is a Ward at each end, with windows on three sides, for seventeen patients to each. There is also a Ward over the main entrance occupied by children, with windows on one side only, containing eight beds. On this floor are bed-rooms for the Matron, for the House-Surgeon, and for some of the Nurses.

In the upper or attic floor there are four rooms allotted as Wards. One at each end for thirteen beds each, one for seven beds, and another for four beds. The tops of the windows in this floor are barely 6 ft. 6 in. above the floor level, and a great part of the Ward-space is gained by carrying the ceiling into the slope of the roof. The Wards on this floor are not fit for sick, and they have not adequate water-closet or scullery accommodation, and they should be turned to other purposes. On this attic-floor is placed the Operation-room. This room is not of sufficient size to allow of students witnessing operations—it is lighted by a skylight; and adjacent to and opening out of it, are two small rooms where patients can be placed, but they have no fire-places.

The Nurses occupy rooms on the second and attic floors, the number in each room varying according to size.

Subsidiary to, but separated from the main building, are two other buildings containing accommodation for patients. One, termed the new building, has a Ward for two beds, and a Ward for three beds on the ground-floor, neither of which is satisfactory for patients; and a Ward for five beds, and one for four beds on the first-floor. The other rooms in this building are occupied by Nurses. The second of these subsidiary buildings is of recent erection for fever cases. It contains two Wards for eight patients each, with Nurses' rooms and scullery, one on the ground

level, the other on the first-floor; these Wards have been built on approved modern principles. There is no covered communication between either of these blocks and the main building.

The following is a summary of the accommodation :—

*Original Main Building.*

Ground-floor—Casualty Room used as a Ward .	5	
„ Accident Ward . . . .	20	
First Floor—2 Wards, 17 each . . . .	34	
Second Floor—2 Wards, 17 each . . . .	34	
„ 1 Ward . . . . .	8	
Attic Floor—2 Wards, 13 each . . . .	26	
„ 1 Ward . . . . .	7	
„ 1 Ward . . . . .	4	
	<hr/>	138

*Detached Buildings.*

1 Ward . . . . .	5	
1 Ward . . . . .	4	
1 Ward . . . . .	2	
1 Ward . . . . .	1	
	<hr/>	12
New Fever-block, 2 Wards, 8 each . . . .		16
		<hr/>
		166

The position of the Operation-room on the attic-floor appears somewhat inconvenient, especially if the attic wards are disused; and it is deserving of consideration whether a new Operation-room should not be constructed, with a small Ward adjacent thereto.

The accommodation for Nurses is somewhat restricted, in that they have no dining or day-room, and in some instances two Nurses occupy one bed. Moreover, if an extension of the Hospital be decided on, further accommodation for Nurses would be required.

It is undesirable for the cooking for a large establishment to be performed in a kitchen situated under Wards occupied by sick; and if the number of patients in the

Hospital be extended, the objections to this arrangement will be increased.

The larders, pantry, and scullery are scarcely adequate for the present number in the Hospital; it is also unadvisable to keep perishable stores under sick Wards. Moreover, the accommodation for stores is too restricted, and would be far too small if any addition were made to the Hospital.

The Laundry and adjacent buildings interfere undesirably with the circulation of air near the Accident Ward.

Having regard to this general description of the Hospital, it will be convenient here to answer seriatim the questions which have been put in the paper you transmitted to me.

In the first place, I recommend that the attic-floor be disused for the reception of sick, and that the rooms be allotted to Nurses and stores; the present Nurses' bedrooms over the board-room being converted into a day and dining-rooms for the Nurses.

I should recommend that the towers be not raised any higher, that the sculleries, &c., which have been built out in the roof of the attic-floor be removed; and I am disposed to suggest that the Operation-room be removed from this floor.

This would remove the following beds :—

South Attic	.	.	.	.	.	13
East Ward	.	.	.	.	.	7
West Ward	.	.	.	.	.	4
North Attic	.	.	.	.	.	13
						— 37 beds.

The two small ground-floor Wards in the new building, containing	.	.	.	.	.	3 beds,
Are not adapted to sick; and it would be very desirable to allot the whole of the building either to Nurses or stores, which would vacate						9 beds.

Thus there would have to be provided . . . 49 beds.

This would entail the necessity of constructing a new block.

I would further recommend that the Kitchen be removed from its present site under the Wards, and a new Kitchen constructed outside.

I should propose to carry the Corridor on the ground-floor of the main building through the end of the Kitchen, to join the prolongation of the Chapel Corridor, so as to obtain direct access to the Chapel; and I should propose to allot the portion of the Kitchen remaining, after cutting off the Corridor, to a Dining-room for patients.

The Laundry and outbuildings between the Accident Ward and enclosure wall, might advantageously be removed, so as to allow of a freer circulation of air near the Accident Ward, but I would suggest that the portion opposite the Scullery should be reserved as a Soup-room for Out-Patients.

The building allotted to the Mortuary and Dissecting-room has, it is stated, been objected to on account of its proximity to the road. I should be disposed to leave it where it now is, but to raise the parapet-wall round it sufficiently to prevent the skylight being overlooked from adjacent houses.

I have prepared a sketch-plan (marked A), shewing how the site could be best dealt with in providing the new Ward accommodation which would be thus required.

I propose to leave the recently-constructed Fever Wards quite separate from the project for extension.

The Corridor in the ground-floor of the main building forms the best starting-point for alterations.

I propose to convert the present Soup-room for Out-Patients into a Vestibule, from which a corridor would be carried in a line passing 10 or 12 ft. south of the new Fever Wards to the Pavilion, which it will be necessary to construct to supply the beds proposed to be removed. This corridor would be 10 ft. wide and about 9 ft. high,



with a flat roof, so as to interfere as little as possible with the circulation of air.

The Kitchen, with Sculleries, Larder, Beer-cellar, &c., would stand on the northern side of this corridor, on the space between the main building and the block for fever cases.

The new Pavilion, to be erected for the purpose of supplying the beds vacated from the Attic and other Wards, would project from the end of this corridor, and at right-angles to it on the south side, at a distance of 70 ft. beyond the new block for fever cases. The space between the corridor and enclosure wall would allow of twenty-five beds, and with two floors of Wards, this would give fifty beds in all, or one more than the beds removed from the Wards proposed to be disused.

The portion of ground between the Corridor and the Accident Ward, and the new Wards proposed to be built, would amply suffice for a garden for the exercise of the patients, and it would be secluded and under complete supervision.

The cost of these alterations to the Kitchen, &c., and of this block, would not fall short of £5,500 to £6,000.

In the event of a Children's Hospital being desired, it might be built on a site to the west of the proposed new Pavilion, and if carried down as shewn on the plan, could contain about fifty patients on two floors, with a separate garden for the children.

The total accommodation which could thus be provided on the site would be as follows :—

Present accommodation,	166	.	.	.	166 beds.
Deduct Wards to be vacated	49				
	<hr/>		117		
New Block to supply the loss	50—	167	.		167 beds.
Suggested Ward for children or adults	50				
	<hr/>		217		

The question was mooted of providing a block for



patients ill with fever, who would desire to pay for the accommodation, male patients being placed on the ground-floor and females upstairs.

I have shewn on the plan a block arranged to effect this on the north side of the site, placed at the end of a corridor carried past the northern end of the new fever block, and entirely separate from the rest of the Hospital. The Wards would hold one bed each, and have a southern aspect.

The site would allow of a further extension of the Hospital to the extent of about a hundred beds if required, but in the case of such further extension, it would be desirable to remove the laundry from its present position, and as it is always advisable in this climate to place buildings of this nature on the northern side of the site, a strip of land of about 50 ft. wide might be obtained from the Trustees of the Radcliffe Observatory upon which to place a new laundry, and to provide an entrance to the Hospital grounds from that end.

It will also be desirable, for the purpose of extending the chapel corridor, to obtain a slip of land about 10 ft. wide, extending from the end of the chapel corridor to near the back of the Fever Wards.

I think I have now touched on all the points raised in the memoranda which you forwarded to me.

DOUGLAS GALTON.

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Your Committee are satisfied from the above Report by Captain Galton that there is no reason for doubting that the grounds in which your present Buildings stand can, with the small addition proposed at the north-west, contain all the buildings that may be necessary to meet the advancing wants of the district.

Having this conviction, they submit to you without hesitation the conclusions at which they have arrived after much consideration and discussion.

The grounds of their conclusions will probably suggest themselves to the Governors, after consideration of the Questions that led to them, and after the perusal of Captain Galton's Report.

This Report, besides answering the exact questions which had occurred to the Committee, brought to their notice the extremely bad provision that now exists for the Nurses and Servants of the Institution; the Committee believe it impossible to retain Nurses of a superior kind unless something be done to improve the accommodation for them. At present, the Night Nurses are subject to disturbance from all the daily proceedings of the Wards and household.

*b. Does the aid reach the right persons ?*

Here, again, to confine the answer to the aid afforded by an Infirmary, it should be clearly understood what the class is which it primarily undertakes to aid. It appears to your Committee that the Infirmary ought not to relieve those who can be more properly treated elsewhere, and by other means. The class that can pay for treatment at home, or that can be treated by the Dispensary Officers at their own homes, should for ordinary sickness be excluded. The Infirmary should only receive from these classes cases which, for reasons of public health, or from the straitened condition of their own homes, it is desirable to remove to an Hospital.

Under the present arrangements no aid is provided by the Infirmary for cases of this kind. When the aid they require is not pecuniary, the Hospital ought to be reimbursed to at least the full extent of the cost.

Those persons who habitually, on the first appearance of sickness, resort to the Poor Rates for maintenance, ought not to be treated at the expense of voluntary charity to the saving of the rates, and, as a rule, ought not to be admitted to the Infirmary for treatment in the first instance.

There remains a large class of honest and industrious persons who live by weekly wages, to whom the doors of the Infirmary ought to be opened freely and without delay so soon as the attack of sickness falls upon them.

Your Committee believe that the patients of the Infirmary are mostly furnished by this class; but they regret to find that in many instances, from the difficulty interposed by the system on which the Charity is administered, relief does not reach them so certainly or so expeditiously as those who maintain the Charity could desire. It often happens that on the approach of sickness a working-man properly refuses to apply to the Union for medical relief, and being unable to find ready access to the Infirmary, lingers on till, quite disabled by sickness, he falls at length into the class that is compelled by necessity to seek relief from the public rates.

*c.* Is the aid administered without waste in management?

Your Committee believe that all reasonable precautions are used to prevent waste in the funds of

your Infirmary, as far as relates to careful and conscientious application of them. But it has repeatedly happened that alterations have been made at considerable expense, with the appearance at the time of being improvements, which the future has shewn to have been either mistakes, or mere palliations of acknowledged evils. In this way, in the opinion of your Committee, money has sometimes been uselessly expended. Any further waste would be obviated by the adoption of a comprehensive plan, such as Captain Galton's, which would be a guide to operations that could not be completed at once.

And again, if the system be at fault, if applicants are made In-Patients who ought to be, or might be treated as, Out-Patients, or attended at their own homes, it is impossible to say that the funds of the Charity are not wasted.

*d.* Do persons who do not need the aid obtain it?

By the aid here spoken of we must understand charitable aid gratuitously administered. To this it must be answered, that cases have occasionally been discovered of persons who have availed themselves of such aid, being in circumstances fully enabling them to pay for medical treatment at home; but such cases are generally detected, and instances of great abuse are rare. There is, however, another class of persons in moderate circumstances, yet not absolutely poor, who frequently avail themselves of the benefit of the Infirmary, sometimes out of the restlessness of disease, and the hope of profiting by a change of treatment, and sometimes even by

the advice of their medical attendant. Such instances are only saved from being an abuse of charity on their part by the rules of the Institution. These rules do not recognise the exaction of payment from persons to whom Hospital treatment, and not saving of money, is the first object. Such patients, however, not unfrequently shew their gratitude by donations to the Institution.

The foregoing remarks apply almost entirely to In-Patients. Multitudes obtain recommendations as Out-Patients, or relief as Casualties, who cannot indeed afford to pay any large sum for medical advice and attendance, but could well afford to pay for their medicines. It seems to call for the consideration of the Governors, whether they will continue a system which has a tendency to weaken the self-reliance of a large class of persons in fair circumstances as working men.

*e.* Does the working population—

1. Avail itself of Sick Clubs?
2. Insure against sickness in any form?
3. Help to maintain the Hospital?

1. An enquiry has been made into the extent of Sick Clubs among the population which resorts to the services of the Infirmary. It appears that in about half that population, or about 120,000 persons, the proportion of adult males receiving help from their Clubs, in sickness, is about  $7\frac{1}{2}$  per cent. In some places, as the town of Banbury for instance, this proportion is nearly doubled. Medical relief is only an incidental feature in these Clubs, to prevent

waste of their funds by imposture or sickness prolonged for want of treatment.

2. There are in a very few places Medical Clubs, which have for their direct object the affording medical relief.

The subsidiary aid which Benefit and Medical Clubs afford to the Infirmary is very great, by preventing resort to it in the first instance.

3. There are a few subscriptions to the Infirmary paid by the joint contributions of workmen in large firms.

In connection with the answers to the last three questions, your Committee have to draw your attention to the fact that the Out-Patient system of the Infirmary demands immediate consideration for a further reason of a different nature. In consequence of the great number of severe cases applying for treatment as Out-Patients, the Physicians have all expressed their inability to continue the work as heretofore.

*f.* Do the Medical Charities act in concert with one another, taking care for instance that those who need In-treatment get it if they desire it, and that none occupy beds who would be as well treated at home?

The system of Medical Relief of the District acts thus :—

First, all the institutions for Medical Relief enumerated, except the Warneford, are either voluntary or rate-supported. None are *Provident*.

Secondly, no means exist for guiding the sick



to the Institution most suitable for them. Chance takes them to the Relieving Officer, the Dispensary, or the Infirmary, and chance makes them (with certain limitations) In-Patients or Out-Patients of the Infirmary.

The Infirmary takes no charge of Out-Patients who cannot come or do not come to the Hospital, for it has no Visiting Dispensary attached to it. It has no official relations with the existing Dispensary, whose Officers visit patients at their own homes.

Thirdly, the Infirmary has no official relations with the Benevolent Societies which distribute clothing, coals, and food, so as to indicate to them the needs of its Out-Patients.

Your Committee are of opinion that measures might be taken in concert with the Boards of Guardians, the Dispensary, and other Charitable Institutions, to organize a proper system of Medical relief for all applicants on the ground of poverty, with a view of classifying them according to their needs and condition of life.

They venture to hope that a conference with the Subscribers to the Dispensary may induce them to acquiesce in some such arrangement as they present below, with a view to the mutual advantage of all these Institutions through an economy of Charity, and the benefit of the objects of their Charity.

- g. Does the Local Sanitary Authority maintain any public Hospital, or partly help to maintain subscriptional Hospitals?

On what terms?



Are the terms remunerative to the Subscriptional Institutions?

Is there any systematic way of collecting subscriptions for the Subscriptional Hospitals; if so, under what conditions?

The Oxford Local Board lately erected a temporary Hospital for Small Pox during its prevalence as an epidemic. It is allowed to use the Fever Wards of the Infirmary for cases of Fever within the limits of the accommodation therein provided. It does not contribute in any regular way towards the expenses of these Wards, but when a case is sent in, the Board is called upon to pay for it, so long as it occupies a bed. This arrangement is grounded on resolutions of the Governors, by which other cases besides their own Patients are admitted to the Fever Wards upon payment of the whole cost of their treatment, either from the public rates or from their own means.

The terms are therefore intended to be remunerative, and are subject to revision from time to time.

There is no systematic mode of obtaining Subscriptions to your Infirmary. New Subscribers hear of the Institution by chance from some of its supporters, or occasionally are solicited from their names not appearing in the List of Subscribers. Last year the various Congregations in the district were appealed to; their contributions amounted to nearly £1,000. No privileges in the way of votes or recommendations are attached to the making of such collections.

- h. What is the general practice with regard to receiving In-Patients at the Workhouse Hospitals? Are they strictly pauper cases, or are any admitted who are not strictly such?

No cases are admitted for treatment in the Workhouse Infirmary but such as are strictly of the Pauper class, meaning by that term such persons as are unable through their poverty, of which the Guardians are the judges, to obtain such relief as the Poor Law Medical Officer of the District in which they reside thinks, after examination of their case, is necessary for them. Should any question afterwards arise as to the ability of the parties themselves, or their relatives, to contribute to the expense of such treatment, magistrates, on application, have the power to determine what that contribution should be.

- i. Are there in the District provisions for obtaining Nurses for the Poor?

There is no systematic provision of the kind. There is a small Nursing Institution at Buckingham doing excellent work, and a branch of this Institution is maintained at Brill. One thoroughly-trained District Nurse is maintained in Oxford by private charity. The duties of this Nurse are to visit, instruct, and aid in every particular of nursing the sick poor, under the orders of their Medical attendant. She is constantly employed in this way over a large district of Oxford. But more aid of this kind is urgently needed.

k. Does the Hospital train Nurses—

1. For the Poor?
2. For the Paying Classes?

The Infirmary does nothing of the kind. It has long been an acknowledged want in the District. There is no provision in Oxford for securing the help of a Trained Nurse, nor for training Nurses: and no satisfactory system for registering such Nurses as there are. Attempts have been made more than once to found in Oxford an Institution for Nurses, but hitherto such attempts have failed; and Nurses are constantly sought in London or elsewhere for serious cases, arising either in the University or City.

l. Does the Hospital receive cases on payment for In-treatment?

It is allowed, in cases of Fever, to receive Patients, who shall pay the whole cost of their treatment, if they offer themselves at a time when the beds are not required for gratuitous cases. This privilege has never been used, nor is it likely to be, until special provision has been made as regards paying cases. Such provision was once ordered by the Governors, but the order was rescinded. The erection of a Building for such cases is now suggested in Captain Galton's plans.

It is impossible to overrate the value of such an arrangement, whether we consider the advantage to the individual sufferer or the possible benefit to the public health.

*m.* Is there any public provision other than the Poor-Law for aiding the Sick Poor with food during illness?

If so, are steps taken, as at Elberfeld, to prevent waste of private charity?

There is no public or systematic provision. One Invalid Kitchen, and two or more private Kitchens, supply food to the sick, but these act independently of each other. It has been pointed out to your Committee that such provision could be easily made in a Public Institution having this special object, that it would introduce a great economy into the charitable relief now afforded by the benevolent inhabitants of the University and City, and that the benefit would prove very great to the sick and suffering poor themselves.

The Committee feel that any suggestion they could make would hardly find a place, with propriety, among the resolutions they now offer for consideration to the Governors of the Radcliffe Infirmary. They would only remark, that your Out-Patients and the Patients of the Dispensary are in respect of food and nursing in a worse position than those who have the relief of the Union. The Relieving-Officer provides these necessities to a case attended by the Poor-Law Surgeon, but no such assistance is supplied systematically to your Out-Patients or the Patients of the Dispensary; and by a Rule of the Oxford Dispensary, any person "receiving Parochial Medical Relief is excluded from the Benefits of the Charity."

*Summary of the various Recommendations of the Committee  
in the form of Resolutions.*

I.

THAT there be as resident salaried Officers, a House Physician, and a House Surgeon, with similar duties as regards the Medical and Surgical cases respectively ; and that they render such services towards the Out-Patient department as may be deputed to them by the Physicians and the Surgeons of the Institution.

II.

That for the economy of Charity, and the better relief of the Sick Poor, all persons residing within the district now served by the Oxford Dispensary, and seeking medical treatment as a matter of charity, should apply in person or otherwise at the Radcliffe Infirmary.

III.

That such applicants as are fit for treatment as In-Patients or Out-Patients of the Infirmary be made Patients of that Institution, and that such as can be better treated at their own homes be placed under the care of the Officers of the Dispensary.

IV.

That the Prescriptions of all Patients so received be compounded at the Dispensary of the Radcliffe Infirmary.

V.

That when a Patient in the Out-Patient department becomes, through increasing illness, unfit to continue his attendance at the Infirmary, he be transferred to the care of a Medical Officer of the Dispensary, unless the Physician or Surgeon, under whose charge the case has been, prefer to retain the Patient in his own care, and visit him

at his own home. That any cases recommended for treatment in the Infirmary by the Medical Officers of the Dispensary, have a claim for admission as In-Patients, subject to the Rules.

#### VI.

That one form of recommendation only be used for all applicants for medical relief at the Radcliffe Infirmary, and that these forms be supplied to Subscribers as they may require them.

#### VII.

That preference be given to cases coming from a distance as In-Patients, and that in times of pressure for beds, a certain proportion be reserved for country patients.

#### VIII.

That a Medical Officer of the Dispensary should attend at the Infirmary daily. That one of the Officers of the Infirmary, and one of those of the Dispensary, attend every morning for the assignment of Patients to the Infirmary and Dispensary respectively.

#### IX.

That after paying the Salaries of the Medical Officers of the Dispensary, and other necessary expenses of that Institution, the surplus funds, if any, be made over to the Infirmary to cover the cost of Dispensing and Drugs.

#### X.

That in order to introduce a Provident element into the administration of Medical Relief, a Register be opened at the Radcliffe Infirmary, in which persons who have applied in time of health, and have allowed their circumstances in life to be investigated by a joint Committee of the two Charities, be permitted to enrol themselves as Provident Members of the Dispensary at the rate of *d.*



quarterly for each adult, and *d.* for each child under 16. That such Provident Members be entitled, without Turns, to the assistance of the Medical Officers and to Medicine, and to the other benefits which would accrue from the relations of the Dispensary with the Infirmary, as though they had been recommended by a Subscriber.

## XI.

That all Patients not so enrolled as Provident Members of the Dispensary shall, on presenting a Subscriber's Letter of Recommendation, make a payment of *s.* as a contribution towards the cost of the Medicines supplied to them.

## XII.

That for the purpose of rendering the Infirmary in thorough order, the following portions of Captain Galton's Recommendations be at once carried out by the Committee of Management, or by a Committee appointed for the purpose, in such order and under such conditions as the Court may direct.

That the new Kitchen, with the new Corridor giving access to it, be forthwith erected.

That the North Corridor be forthwith constructed.

That a subscription be set on foot for a Children's Hospital for        beds.

That the New Block, and the changes recommended by Captain Galton in respect of the Nurses' accommodation, be taken in hand, at a cost not exceeding £6,000.

That self-supporting Wards for        beds be erected.

## XIII.

That with a view to the separation of Scarlet Fever cases from Typhoid cases, it may be necessary hereafter to build a special Scarlet Fever Block to the west of the present Fever Block.



## XIV.

That when the New Block to the south of the main Corridor is erected, the Rowney and Frewin Wards be given up to the Surgical Cases, the existing building becoming, for the most part, the Surgical, and the Garden portions the Medical Hospital. By this arrangement the proper separation of cases will be possible.

## XV.

That application be made to the Radcliffe Trustees for the Block of Land marked in Captain Galton's Plan North of St. Paul's Church.

## XVI.

That the Burial Ground be put in order, and the roadway closed up, whensoever the Radcliffe Trustees grant the Northern outlet.

## XVII.

That a Committee be appointed similar to the Committee on the Children's Ward, to draw up Rules for the admission of Patients on payment, and together with the Committee of Management, or, as a sub-Committee thereof, to superintend the management of that part of the Institution.

## XVIII.

That considering the increasing size of the Hospital, it is desirable that on some future occasion a Superintendent, or trained Nurse, should be appointed, to assist in the charge of the Nurses.

## XIX.

That when such Superintendent, or trained Nurse shall have been appointed as above, it will be desirable that her duties should comprise not only the management and training of Nurses for the House, but also the management and training of Nurses for private cases, and the instruction of Nurses and others in Cooking for the Sick.

*Conclusion.*

IN submitting their Resolutions to the President and Governors of the Radcliffe Infirmary, your Committee are aware that they may appear to some to have opened up a large subject—perhaps even one needlessly large. Others, perhaps, may consider that they have exceeded the powers entrusted to them by the Quarterly Court of April, 1873.

The following considerations, however, will, in conclusion, probably satisfy you, that a less comprehensive enquiry would have been inadequate to the end in view.

1. The deliberations of the Committee have been guided by information sought and obtained in various ways. They have had the advantage of oral communications with several persons intimately acquainted with the wants of the Sick Poor in the Oxford District ; they have considered the opinions of Governors as expressed on various occasions at Courts of the Infirmary ; and they addressed a table of enquiries to all Members of the Staff, soliciting their comments and criticisms. From these various sources of information and from their own prolonged and anxious deliberations, their conclusions have been arrived at.

To all who have aided them, their and your hearty thanks are due.

2. The principle of "Charity Organization" has taken such hold on the public mind, that it cannot be lost sight of. Every Charitable Institution has to ask itself whether it is supplying the wants of the day in its sphere—whether it is voluntarily re-

lieving the Rates of charges the Rates should pay—whether it may not be doing work for which provision has been already made, and which ought properly to be done in other ways—whether it is leaving undone work which charity demands, and the provisions of the law do not adequately meet.

3. The Committee are attempting to develop the views of the Governors repeatedly expressed for many years. A steady course of progress has been pursued. A new South Wing, with ample accommodation for Out-Patients—a spacious Surgical Ward, in the place of one wholly unfit for any Hospital—a suitable Mortuary, decent for the dead and for the mourners—a Laundry for infected clothing—a spacious Garden taken in hand—admirable Fever Wards constructed—the Sculleries of all the Wards rebuilt—a set of Lavatories added to each—a small Clinical Laboratory built—a separate Consultation-room arranged for practical and for scientific work for each of the Staff—constitute a list of improvements which may satisfy the supporters of the Charity that if all is not completed in their Hospital, something at least has been effected by the Board of Management and the Courts that have directed these additions. When they add to the list the order, the bright and cheerful life, as well as the perfect cleanliness of the House, they record what is too scant notice of the services of Miss Clarributt during her long superintendence.

4. Meanwhile the friends of the Infirmary have done much in aid of your benevolent efforts. The precious gift has been made of a beautiful Chapel, by one whose loss will be keenly felt as long as his

contemporaries survive. A Convalescent Home, on an airy site outside of Oxford, has been erected, and is maintained chiefly for the use of the Infirmary from independent funds. A separate subscription has been annually raised for several years for the support of a Children's Ward.

5. All this work done, the Capital Fund is more by some thousands of pounds than when any one of the works above enumerated was commenced.

6. Much is still needed to complete the share of the "Medical Relief of the Oxford District," which the Radcliffe Infirmary has by the traditions of a century taken to itself. You have entered on the work of making your Infirmary an example of a completely contrived Hospital, with every arrangement which the progress of knowledge demands as belonging to the Voluntary Medical Relief of a district; with every appliance which Science suggests for the Hygienic, as well as the Curative, management of the Sick; and with all the comfort for body and mind both within the Building and in the grounds, which Christian charity should desire for all the inmates of such an Institution.

To be able to exhibit on your premises all such arrangements, carefully devised and economically executed, will give no small opportunity of teaching principles as well as the particulars of Hospital administration which Oxford, as a National University, ought to teach. Persons of every class and either sex might largely avail themselves of this instruction, alike to your benefit and their own.

7. Your Committee are further convinced that

there will be no difficulty in making application to the University, County, and City for their hearty co-operation. They feel assured that in proportion to the gratitude due to former generations for the benefits bequeathed to us, the present generation, with its increasing wealth, will not be backward in responding to this appeal. We shall thus do our share of work, in handing on to the next generation an Institution improved and enlarged, to meet the needs of an increasing population.

The Committee trust they have fulfilled this duty by indicating, rather than describing, the general relations of the subject for the consideration of which they were appointed.

J. P. LIGHTFOOT, *Chairman.*

HENRY W. ACLAND.

M. COMBE.

J. DODD.

R. FERNANDEZ FREEBORN.

EDWARD F. GLANVILLE.

J. R. KING.

G. H. MORRELL.

J. RIGAUD.

JOHN SLATTER.

E. E. SMITH.

WILLIAM E. SACKVILLE WEST.

I have not signed the Report, because from unavoidable circumstances I have not been able to attend the meetings of the Committee, although I fully concur in much of the important matter which it contains.

HUGH HAMERSLEY.



# REFERENCE.

- |                         |                     |
|-------------------------|---------------------|
| 1. Chapel.              | 6. New Mortuary.    |
| 2. Out Patients' Hall.  | 7. New Sculleries.  |
| 3. Consulting Rooms.    | 8. New Lavatories.  |
| 4. Clinical Laboratory. | 9. New Laundry.     |
| 5. Accident Ward.       | 10. New Fever Block |

## THE RADCLIFFE INFIRMARY, *To accompany the Report of the Medical Relief Committee,*

JANUARY, 1874.

# NOTE.

- The Old Buildings, coloured...
- Additions since 1850.....
- Buildings proposed by Captain  
Galton, F.R.S. ....

## THE OBSERVATORY GROUNDS

